LETTERS

IMPROVING TRANSGENDER HEALTH EDUCATION FOR FUTURE DOCTORS

We wholeheartedly agree with the assertion, in Stroumsa's excellent and comprehensive review of transgender health, that future physicians must be trained to meet the unique health needs of the more than one million gender-variant people in the United States.[1]

To move toward this goal, the first step at our medical school was to understand student knowledge, attitudes, and skills related to transgender health and to assess the impact of an educational intervention.

A new lecture on transgender health was given to medical students (n = 139) during their required family medicine clerkship. Upon finishing the clerkship year and prior to graduation, these students completed a 26-item survey assessing transgender health knowledge, attitudes, and skills. A similar survey was completed upon graduation by students in a more senior cohort who had not received the lecture during their clerkships (n = 145). Self-reported competency items were rated on a 5-point Likert scale, and summary scores were created if internal consistency estimates were adequate (Cronbach $\alpha > 0.7$). The propensity score or probability that a participant would have attended the lecture was estimated using a multivariate logistic regression model incorporating demographic and attendance variables. The effect of the transgender health lecture on knowledge, attitudes, and skills was examined in a regression model adjusting for the propensity score.

TABLE 1—Self-Reported Competency in Transgender Health by Lecture Attendance

Measures of Transgender Health Knowledge, Attitudes, and Skills	Transgender Health Lecture (n = 76), Mean (SD)	No Transgender Health Lecture (n = 128), Mean (SD)	Range	*P*
Knowledge of discrimination and health outcomes	7.41 (1.22)	6.47 (1.59)	2–10	< .001
Attitudes toward trans-friendly language, resources, and practice environment	10.80 (1.87)	8.57 (2.22)	6–14	< .001
Skill in performing appropriate medical evaluation (history and physical)	12.61 (2.35)	9.69 (2.64)	7–18	< .001
Skill in discussing options for gender-confirming medical therapy	4.41 (1.90)	3.50 (1.52)	2–8	< .001
Skill in discussing gender-confirming procedures/devices	4.33 (1.92)	3.42 (1.48)	2–8	.001

The survey response rate was 72% (n = 204). Most participants (74%) reported 2 hours or less of transgender health instruction during medical school. Participants who had the lecture reported significantly higher levels of competency compared with students who had not received the lecture (Table 1). Having had more than 2 hours of instruction was also associated with higher mean summary scores (40.71; SD = 7.48 vs 37.41; SD = 8.70; $P = .016$) for overall self-reported knowledge, attitudes, and skills.

This work suggests low baseline receipt of transgender health education and supports findings by others describing low numbers of total hours dedicated lesbian, gay, bisexual, and transgender health instruction overall in US medical schools.[2] Our work also suggests value in adding transgender health content to curricula for medical students. We are currently working to implement and evaluate transgender health education in several aspects of the curriculum, and we hope to join with other health profession schools in efforts to ensure that future health care professionals are prepared to provide the best care to this underserved population. ■

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Contributors

N. Dowshen conceptualized the study, led and supervised data collection and analysis, and led the article writing. G. T. Nguyen conceptualized the study, and assisted with data analysis and article writing and revisions. K. Gilbert conceptualized the study, and assisted with data collection and article preparation. A. Feiler assisted with data collection and analysis and article preparation. K. L. Margo conceptualized the study, and assisted with data analysis and article writing and revisions.

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STROUMSA RESPONDS

This valuable study by Dowshen et al. joins studies addressing improvement of lesbian, gay, bisexual, and transgender content in general,[1–3] and transgender content in particular,[4] in undergraduate medical education. This is an important step toward improving medical education regarding transgender health, and ultimately improving health outcomes.

An additional avenue toward this goal is graduate medical education. While physicians in all fields encounter transgender people, and need to be knowledgeable and comfortable in their care, certain specialties are of particular importance, including the primary care specialties, endocrinology, plastic and reconstructive surgery, urology, and obstetrics and gynecology. Accordingly, we are currently creating and evaluating a curriculum to improve understanding and knowledge in treating transgender people among obstetrics and gynecology residents at Henry Ford Hospital.

Individual medical schools and residency programs have begun educating their trainees in transgender health care.[5] It is time to address this educational need in a systematic, comprehensive fashion. As medical training focuses increasingly on competencies, accrediting bodies (including The American Association of Medical Colleges, and the Accreditation Council for Graduate Medical Education) need to build appropriate educational requirements into their syllabi and accreditation programs.

Transgender people have been historically and egregiously underserved. Introducing patient-centered care to this population must extend beyond medical education, to encompass all fields involved directly or indirectly in patient care. For example, ensuring access to gender-neutral bathrooms in all health care facilities can change the experience, safety, and privacy of hundreds of thousands of patients.

Gender health disparities are strongly rooted in social preconceptions about sex and gender. Addressing these preconceptions and complicating our views of gender has the potential to improve the health of the broader population. Improving care for transgender patients will make us more comfortable with gender health and more competent in our care for a wide array of patients. ■

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